

Talking Points for Eligibility Call for Funding Opportunity Announcement (FOA) PPHF 2014: State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke – financed solely by Prevention and Public Health Funds (CDC-RFA-DP14-1422)

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1. Introduction and Welcome – Lazette Lawton

Welcome to the conference call to discuss a new funding opportunity announcement, “State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke – financed solely by Prevention and Public Health Funds (DP14-1422).”

I am Lazette Lawton from the Division for Heart Disease and Stroke Prevention in the National Center for Chronic Disease Prevention and Health Promotion here at the CDC.

Thank you for taking the time to be on this call today. Let me run through today’s agenda and the people you will be hearing from on our end.

- I will serve as the moderator for the call.
- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, will give an overview of the Funding Opportunity Announcement, or FOA.
- Pat Shea from the Division of Diabetes Translation will discuss the application content, eligibility criteria, and funding.
- Stephanie Latham from the Procurement and Grants Office will discuss submission procedures.
- I will review some resources available to you for additional information as you prepare your applications.

We are also joined by today Dr. Barbara Bowman, Director, Division for Heart Disease and Stroke Prevention, Dr. Ann Albright, Director, Division of Diabetes Translation, and Dr. Janet Collins, Director, Division of Nutrition, Physical Activity, and Obesity.

Terry O'Toole from the Division of Nutrition, Physical Activity and Obesity will lead us through the question and answer process. We will end with time for some of your questions. Currently all lines are on mute. However, prior to the Q&A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind we suggest writing down your questions during the call, as

questions will be held until the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it to the chronic disease section of CDC's Web site. The address is <http://www.cdc.gov/chronicdisease/about/statelocalpubhealthactions-prevcd/index.htm>, then click on Submit Your Question.

I now turn it over to Dr. Bauer who will give us an overview of the program.

2. General Overview of the FOA – Dr. Ursula Bauer

Thank you Lazette. Welcome, everyone, to the call.

First, let me provide a brief overview of the approach CDC is using in this and 5 other funding opportunity announcements. The six FOAs we are releasing this month each contribute to the nation's chronic disease prevention and health promotion efforts. Together they form a mutually reinforcing set of activities designed to reach three overall goals:

- Reduce rates of death and disability due to tobacco use by 5%.
- Reduce prevalence of obesity by 3%.
- Reduce rates of death and disability due to diabetes, heart disease and stroke by 3%.

All of the FOAs address the behaviors that put Americans at risk for diabetes and heart disease, tobacco use, poor nutrition and physical inactivity. Many address the existing burden of disease by focusing on management of chronic conditions such as hypertension and pre-diabetes. And they involve partnerships at the national, state, tribal and local level because public health cannot solve these problems alone. With these FOAs we have concentrated resources on key risk factors and major diseases that contribute substantially to suffering, disability and premature death of Americans.

Individually, each of the six new funding opportunity announcements contributes uniquely to the long-term goals in several ways:

- By working through unique awardees such as state health departments and national organizations.
- By delivering interventions to unique populations such as racial and ethnic minorities and populations with very high obesity rates.
- By emphasizing specific interventions such as health system improvements and environmental approaches.
- By implementing interventions in specific places such as large cities and tribes)
- And by addressing specific risk factors, disease management, or both—such as tobacco use, obesity, and high blood pressure.

Funding for this FOA is solely from the Prevention and Public Health Fund, or PPHF, to the Division for Heart Disease and Stroke Prevention and the Division of Diabetes Translation. The Division of Nutrition, Physical Activity and Obesity is also supporting this FOA by providing technical assistance.

These three divisions have worked collaboratively with state and local departments of health to increase their ability to carry out public health functions and implement evidence-based strategies to reduce risk factors associated with a variety of chronic diseases. This new FOA builds on the lessons learned implementing coordinated models intended to maximize CDC's investment in the work of state and local departments of health, including the complementary work of our State Public Health Actions cooperative agreement, also known by its award number, "1305."

The main purpose of the Funding Opportunity Announcement we are discussing today is to support state and large city health departments to lead focused community health interventions that intensively deliver health system and community supports and create or strengthen healthy environments. These approaches will be jurisdiction-wide as well as focus on populations with health disparities to prevent obesity, diabetes, and heart disease and stroke and reduce health disparities in these areas. Adults are the focus of this FOA.

This funding opportunity announcement aims to achieve four short-term outcomes:

- Increased community and large city environments that promote and reinforce healthful behaviors and practices related to obesity, diabetes prevention, and cardiovascular health, including key settings that support physical activity and healthful foods and beverages.
- Increased use and reach of strategies to build support for lifestyle change.
- Improved quality and effective delivery and use of clinical and other preventive services to increase management of hypertension and prevention of type 2 diabetes.
- Increased community-clinical linkages to support self-management and control of hypertension and prevention of type 2 diabetes.

The program's two long-term goals are:

- Reduced death and disability due to diabetes, heart disease and stroke by 3% in the implementation area.
- Reduced prevalence of obesity by 3% in the implementation area.

I will now talk about the two components of the State and Local Public Health Actions program that are supported through this FOA.

Component 1 is to create or strengthen healthy environments and build support for lifestyle improvements for the general population and particularly those at high risk for developing type 2 diabetes or with uncontrolled high blood pressure. Populations at high risk for type 2 diabetes include those with prediabetes or those who have a sufficient number of risk factors on evidence-based risk tests that put them in a high-risk category.

Component 2 will intensively deliver health system and community-clinical supports that focus on populations with uncontrolled high blood pressure and those at high risk for developing type 2 diabetes who experience racial/ethnic or socioeconomic disparities. These disparities include inadequate access to care, poor quality of care, or low income.

Component 1 environmental strategies will be implemented in the same communities and jurisdictions as Component 2 health system and community-clinical linkage supports. Local improvements will be supported by statewide efforts funded by this FOA as well as those supported by 1305, State Public Health Actions. Applicants must address both components and all strategies and performance measures listed in the chart starting on page

21 of the FOA. Applicants must propose a cohesive work plan, aligned with but not duplicative of State Public Health Actions. The proposed activities in the two components should be mutually reinforcing. Both components focus on adults.

Applicants will provide criteria used to select 4 to 8 communities in which to focus the prevention efforts of both components. A community in the FOA is defined as a county, a Metropolitan Statistical Area (MSA), or a group of contiguous counties. These communities must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach significant numbers of people. State awardees must sub-award 50% of funds to 4 to 8 communities to contribute to the work. We encourage states to fully consider the capabilities of their local health departments for a portion of award funds to local entities to contribute to the work. The primary recipient of this funding will have major responsibility for providing leadership and technical assistance to selected communities and will ensure overall coordination.

Finally, although we cannot discuss this in detail at this time, we will be awarding additional funds to the 1305 grantees. Please look for more information on enhancements to the existing 1305 cooperative agreements, including funding additional awardees for the enhanced component. We did not want to delay the posting of 1422 until this information was available in order to provide the maximum amount of time for applicants to prepare their submissions for 1422.

I will now turn to Pat Shea who will discuss the application content, eligibility criteria, and funding levels.

3. Application Content – Pat Shea

Thank you, Dr. Bauer.

Applicants will be expected to submit an application that includes all of the required components on pages 36-41 of the FOA.

A Project Narrative, limited to 30 pages, should clearly address Components 1 and 2 and include the following sections:

- Background
- Approach
- Applicant Evaluation and Performance Measurement Plan
- Organizational Capacity
- And Work Plan.

A sample work plan template is provided in the FOA. Applicants are required to include all of the elements listed. CDC will provide feedback and technical assistance to awardees to finalize the work plan activities post-award.

In addition, applicants must submit an itemized Budget Narrative which clearly addresses Components 1 and 2. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Applicants

are strongly encouraged to review the budget guidance provided on the CDC Procurement and Grants Office Web page to be sure all of the required information is included. The Web page address is:
www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

4. Eligibility Criteria & Funding – Pat Shea

Eligibility for this FOA is limited to all 50 States or their bone fide agents and the District of Columbia, and Large Cities with populations over 900,000 (using July 2012 U.S. Census Estimates). The two groups will compete separately.

Approximately \$70 million is available for year 1 of the four-year award. CDC anticipates funding 15 to 19 states and the District of Columbia, and 3 to 5 large cities, for a total of 18 to 22 awards. The average award will be \$3 million. Award amounts may range from \$2 million to \$4 million a year.

Now I would like to provide some specific guidance related to the development of the budget justification and budget narrative.

Applicants should prepare one budget narrative that encompasses the work being done in both components, and which evenly divides resources between both components. The budget narrative should be uploaded into Grants.gov per the instructions on page 41. State applicants must propose to sub-award 50% of funds to 4 to 8 communities; large-city applicants are strongly encouraged to sub-award a portion to local entities to contribute to the work. In order to maximize the reach of federal funding, awardees should ensure that efforts are complementary and not duplicative of other efforts in a particular geographic area.

Direct assistance is not available through this FOA.

I will now turn over the line to Stephanie Latham from the Procurement and Grants Office to discuss requirements related to the Application.

5. Application Requirements – Stephanie Latham

Thank you Pat.

No letter of intent is requested for this FOA.

Applications are due on July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Time, on www.grants.gov.

Please remember that an organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

The first is the Data Universal Numbering System or DUNS: All applicant organizations must obtain a DUNS number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

The second is the System for Award Management or SAM: The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

The last is [Grants.gov](http://www.grants.gov): The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov. All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

The websites I mentioned are all in the funding opportunity announcement so don’t worry if you weren’t able to write it all down as I was speaking. I will now turn it back to Lazette.

6. Email box and Web site for additional information – Lazette Lawton

Thank you Stephanie.

We would like to take a few moments to make sure you are aware of several resources that are available to you such as the Web site, frequently asked questions, or FAQs, and a system for electronic submission of questions through the Website.

We have established a Website for this initiative:

<http://www.cdc.gov/chronicdisease/about/statelocalpubhealthactions-prevcd/index.htm>

The Center’s Web site that describes the new FOAs is at: <http://www.cdc.gov/chronicdisease/about/foa>

We will be posting FAQs and their answers to the Web site, and we will continue to add to this list as we receive additional questions. We encourage you to review the full Funding Opportunity Announcement, as well as the FAQs already posted on the Web site, before submitting a new question.

If you have a question that has not already been addressed in the FAQs or the FOA, please go to the “Submit Your Question” link on the Web site, complete the requested information, and click the “Submit” button to send. Responses to the questions will be posted on the FAQ section of the Web site.

Let me now turn to Terry O’Toole who will describe how we will handle questions on today’s call.

7. Questions and Answers – Terry O’Toole

Thank you Lazette. To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be posting all of the questions and answers from today’s call on the FOA’s Web site in the coming days. You should check that Web site frequently for new questions and answers. Before we go to the phones, I will read through some frequently asked questions that we have developed to assist you in your application.

1. How does FOA 14-1422 differ from FOA 13-1305, “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health”?

While this program builds on and expands the work funded in “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health,” there are some differences:

- In addition to the general population targeted in State Public Health Actions, this program also targets priority population subgroups with uncontrolled high blood pressure or at high risk for type 2 diabetes that experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or low income.
- In addition to states, large cities with populations over 900,000 may apply
- There are new activities related to building support for lifestyle improvements in component 1
- While State Public Health Actions included school health, the focus of this program is adults.

2. Do intended sub-recipients need to be selected and identified prior to submitting the grant proposal?

Applicants must include proposed criteria for selecting the 4-8 communities in which to focus the prevention efforts of both components, but the actual sub-recipients do not need to be included in the application. State awardees must sub-award 50% of funds to these 4-8 communities to contribute to the work and are encouraged to fully consider the capabilities of their local health departments for fulfilling the scope of work. Large city awardees are strongly encouraged to sub-award a portion of award funds to local entities to contribute to the work.

3. Do we need to implement a competitive process for selecting sub-recipients?

States must have an efficient and effective mechanism for making sub-awards to communities, jurisdictions, and other local organizations and for ensuring accountability of sub-awardees for demonstrating impact on the project period outcomes. The sub-recipient communities must have

significant disease burden and sufficient combined populations to allow the strategies to reach significant numbers of people. As long as this is met, the states may use their own internal procedures, competitive or otherwise, for selecting sub-recipients but must ensure their policies adhere to the guidance outlined in 45 CFR, Part 74 and 92.

4. The FOA requires that the communities selected for sub-awards must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach significant numbers of people. What is the definition of significant reach? Is there a minimum number of people that must be reached?

A community in this FOA is defined as a county, Metropolitan Statistical Area (MSA), or a group of contiguous counties. A minimum target population size is not specified in the FOA since this will vary depending on the unique context of each state. The FOA also specifies that states must use data to identify populations at greatest risk and with the highest burden. States will need to analyze this information and then, based on those data, identify communities eligible for sub-awards. This could include rural areas and as well as more populous areas. As long as the combined population of the 4-8 selected communities is commensurate with the total award request, the state will meet the requirements of the FOA.

5. The FOA states that we should allocate funds equally to Components 1 and 2. Are there any allocation requirements within Components?

Yes. For budgeting purposes, approximately 30% of the funds in Component 1 should be used for strategies addressing nutrition standards, including sodium. These funds will be tracked by the Division for Heart Disease and Stroke Prevention. The remaining 70% of funds in component 1 should be allocated to activities related to building lifestyle change and implementing environmental strategies related to physical activity and healthier food access and sales. These funds will be tracked by the Division of Diabetes Translation.

- For Component 2, approximately 30% of the funds should be used for strategies addressing the prevention of diabetes (identification of people with prediabetes, engagement of CHWs, and bi-directional referral between community resources and health systems.) These funds will be tracked by the Division of Diabetes Translation. The remaining 70% of funds in component 2 should be allocated to activities related to health systems interventions and clinical-community linkages related to preventing heart disease and stroke. These funds will be tracked by the Division for Heart Disease and Stroke Prevention.
- These guidelines also apply to awards made to sub-recipients. Example:
 - State X receives a total award of \$3 million. Fifty percent of this award needs to be sub-awarded to 4-8 communities. The state will need to allocate the remaining \$1.5 million equally to Components 1 and 2. Of the \$750,000 in Component 1, \$225,000 (30%) will need to support strategies addressing nutrition standards including sodium. Of the \$750,000 in Component 2, \$225,000 (30%) will need to support strategies addressing the prevention of diabetes.
 - If state X sub-awards 50% of its total award equally to 4 sub-recipients, then each sub-recipient would receive \$375,000 (25% of \$1.5 million). This sub-award would then be divided equally between components 1 and 2. Of the \$187,500 in component 1, \$56,250

(30%ould be allocated to support nutrition standards including sodium and of the \$187,500 in component 2, \$56,250 (30%) would be allocated to support strategies to prevent diabetes.

Now I will ask the operator to open up the lines to allow us to answer any questions you may have.

8. Closing – Lazette Lawton

On behalf of the National Center for Chronic Disease Prevention and Health Promotion, I want to thank all of your for your time on the call today, and for your interest in this funding opportunity announcement. This concludes our call today. Thank you, and have a good afternoon.